

## MONITORING WELL CERTIFICATION FORM B - LOCATION CERTIFICATION

Name of Owner: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Location: \_\_\_\_\_

Case Number(s): \_\_\_\_\_ (UST #, ISRA #, Incident #, or EPA #)

### LAND SURVEYOR'S CERTIFICATION

Well Permit Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

(This number must be permanently affixed to the well casing.)

Owners Well Number (As shown on application or plans): \_\_\_\_\_

Geographic Coordinate NAD 83 (to nearest 1/10 of second):

Longitude: West \_\_\_\_\_ Latitude: North \_\_\_\_\_

New Jersey State Plane Coordinates NAD 83 to nearest 10 feet:

North \_\_\_\_\_ East \_\_\_\_\_

Elevation of Top of Inner Casing (cap off) at  
reference mark (nearest 0.01'):

\_\_\_\_\_

Source of elevation datum (benchmark, number/description and elevation/datum. If an on-site datum is used, identify here, assume datum of 100', and give approximated actual elevation.)

\_\_\_\_\_

Significant observations and notes: \_\_\_\_\_

\_\_\_\_\_

### AUTHENTICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

SEAL

\_\_\_\_\_  
PROFESSIONAL LAND SURVEYOR'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PROFESSIONAL LAND SURVEYOR'S NAME AND LICENSE NUMBER  
(Please print or type)

\_\_\_\_\_

**PROFESSIONAL LAND SURVEYOR'S ADDRESS AND PHONE NUMBER**